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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 759828

Corporation Name

FILED Feb 17, 1999 8:00 am Secretary of State

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| 02111211 | WILLA KINDERGARTEN, AI | NU GRADE SCHOOL, INC | Ú. | | | | | • |
|--|---|--|--|---|--|------------------|---------------------------------------|--|
| Principal Place | e of Business | Mailing Address | | | | | • | |
| Principal Place of Business Mailing Address 5861 NW 17TH AVENUE 5861 NW 17TH AVENUE MIAMI FL 33142 MIAMI FL 33142 | | | | | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 3. Date Incorporated or Qualife | ed | 18 m 19 m | · · · · · · · · · · · · · · · · · · · |
| 21 | | 26 | | | 08/28/1981 4. FEI Number | | | nlied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 59-2129728 | | | plied For t Applicable |
| City & Stat | te | City & State | | - | | · ¬ | \$8.75 | |
| 23 | | 28 | | | 5. Certificate of Status Desired | | Fee Re | quired |
| Zip | Country | Zip | Country | 1 | 6. Election Campaign Financin | 9 🖸 | \$5.00 | |
| 24 | 25 | 29 | 30 | | Trust Fund Contribution | | Added t | o Fees |
| | 9. Name and Address of Curre | ent Registered Agent | | | 10. Name and Address of Nev | v Registered | Agent | |
| | | | 81 | Name | | | | |
| COPELAND, RUTH E | | | 82 Street Ad | | Iress (P.O. Box Number is Not Acce | ptable) | | |
| 960 NW 50TH STREET | | | 83 | | | · · · | · · · · · · · · · · · · · · · · · · · | |
| miami fl | | | | | | · | 1-1 | |
| | | | 84 | City | | FL | 85 Zip (| Code |
| agent. I a SIGNATURE | am tamular with, and accept the oblig | gations of, Section 617.0503, Flori | ida Statutes. | | poration submits this statement for to in a board of directors. I hereby acted when reinstating) | DATE | ्चे.स्ट्राइटी हैं। | सर इत्हिंग क्लिस |
| agent. I a | am tamular with, and accept the oblig | gations of, Section 617.0503, Flori | ida Statutes. | | | DATE | ID DIRECTO | RS IN 12 |
| agent. I a | am jamiljar with, and accept the oblig signature hyped or printed name of registered at OFFICERS A | gations of, Section 617.0505, Flori gent and title if applicable. (NOTE: | Registered Agen | | ed when reinstating) | DATE | | RS IN 12 |
| agent. I a SIGNATURE 12. TITLE NAME | or jamilar with, and accept the obligation of the printed name of registered at OFFICERS A PTD COPELAND, RUTH E | gent and title if applicable. (NOTE: | Registered Agen 13. 1.1 TITLE 1.2 NAME | it signature require | ed when reinstating) | DATE | ID DIRECTO | RS IN 12 |
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE